

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



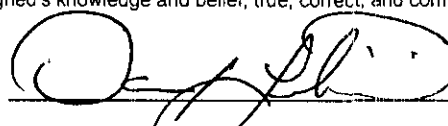
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13424	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name David J Letinich P.O. Box, Bldg., Room No., if any P.O. Box 12917 Street City Mill Creek State Washington ZIP Code +4 98082-0917	4. Name, file number, and address of labor organization. Name Wa. & N. Idaho District Council of Laborers Labor Organization File Number 066-563 P.O. Box, Building and Room Number, if any P.O. Box 12917 Street City Mill Creek State Washington ZIP Code +4 98082-0917
5. Position in labor organization. District Council Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. N/A I have no recollection of any reportable gifts or meals from an Employer in the year 2005 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 5/11/06 (425) 741-3556 Date Telephone Number

Name of Person Filing David Letinich	File Number U- 13424
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Administrators</p> <p>Trade Name, if any: Trust Administrator</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 201 Queen Anne Ave. N., Suite 100</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98109-4896</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Northwest Laborers Employers Trust Funds</p> <p>Trade Name, if any: Laborers-Employers Health/Security</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 201 Queen Anne N., Suite 100</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98109-4496</p>	<p>11.a. Nature of such dealing.</p> <p>Between 11-11-05 and 11-17-05 I attended a International Foundation of Employee Benefits Trustee Training in Honolulu Hawaii. My Travel and meals were reimbursed by the Trust Fund listed. My hotel was paid for directly by the Trust.</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,638</p>
	<p>12.a. Nature of interest held or income received.</p> <p>N/A</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>N/A</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Administrators</p> <p>Trade Name, if any: Trust Administrator</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 201 Queen Anne Ave. N., Suite 100</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98109-4896</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Northwest Laborers Employers Trust Funds</p> <p>Trade Name, if any: Health & Security & Training Funds</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 201 Queen Anne Ave. N., Suite 100</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98109-4896</p>	<p>11.a. Nature of such dealing.</p> <p>Between 7-10 and 7-13-2005 I attended Trust meetings in Chelan Washington. My lodging was paid for by the Trust Funds listed. Most of my meals were paid for by the Trust and I was reimbursed for my out of pocket expenses.</p>
	<p>11.b. Approximate dollar value of such dealing. \$626</p>
	<p>12.a. Nature of interest held or income received.</p> <p>N/A</p> <p>12.b. Amount.</p>